. No. 2
I—5-42
5-17-39
I X32879

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5542

State File No. 820

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-4-43-2-11-43 (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1709½ E. 14
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

48
3
8

3. (a) PRINT FULL NAME ORA TAYLOR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Taylor

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 14 (Day) 1882 (Year)

8. AGE: Years 60 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Turner Gamble
13. Birthplace Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriett Buzbey
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hawkins Bros
(b) Address 1729 Lydia

19. (a) 2-16-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1943 hour 7:25 minute a. M.

21. I hereby certify that I attended the deceased from February 4, 1943 to February 11, 1943 that I last saw her alive on February 11, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Diabetic Acidosis	
Due to 61	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. A. Stringer (M.D. or other)
Address Gen. Hospital #2 - 6 Date signed 2-16-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Jerome Marlore

Licensed Embalmer No. 3994

P. O. Address 2503 Highlan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.